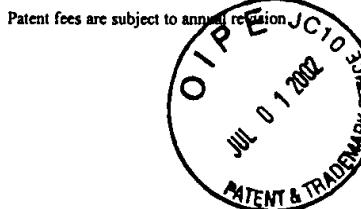


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FEE TRANSMITTAL for FY 2002



TOTAL AMOUNT OF PAYMENT (\$920.00)

Complete If Known

Application Number	09/607,602
Confirmation Number	8543
Filing Date	June 30, 2000
First Named Inventor	Matthew Joseph Doyle
Examiner Name	A. DeCloux
Group/Art Unit	1644
Attorney Docket No.	8141

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METHOD OF PAYMENT (check one)			FEE CALCULATION (continued)		
1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 16-2480 Deposit Account Name The Procter & Gamble Company <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17			3. ADDITIONAL FEES		
FEE CALCULATION			FEE CALCULATION (continued)		
1. BASIC FILING FEE - Large Entity			3. ADDITIONAL FEES		
Code (\$)	<u>Fee Description</u>	<u>Fee Paid</u>	Code (\$)	<u>Fee Description</u>	<u>Fee Paid</u>
101 740	Utility filing fee	<input type="checkbox"/>	105 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
106 330	Design filing fee	<input type="checkbox"/>	127 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
108 740	Reissue filing fee	<input type="checkbox"/>	139 130	Non-English specification	<input type="checkbox"/>
114 160	Provisional filing fee	<input type="checkbox"/>	147 2,520	For filing a request for ex parte reexamination	<input type="checkbox"/>
SUBTOTAL (1) (\$11)			112 920* Requesting publication of SIR prior to Examiner's action <input type="checkbox"/>		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity			113 1,840* Requesting publication of SIR after Examiner's action <input type="checkbox"/>		
	Extra <u>Claims</u>	Fee from <u>Below</u>	115 110	Extension for reply within 1 st month	<input type="checkbox"/>
Total Claims	<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	116 400	Extension for reply within 2 nd month	<input type="checkbox"/>
Independent Claims	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	117 920	Extension for reply within 3 rd month	<input checked="" type="checkbox"/>
Multiple Dependent	<input type="checkbox"/> =	<input type="checkbox"/>	118 1,440	Extension for reply within 4 th month	<input type="checkbox"/>
** or number previously paid, if greater; For Reissues, see below			128 1,960	Extension for reply within 5 th month	<input type="checkbox"/>
Code (\$) 103 18 Claims in excess of 20 102 84 Independent claims in excess of 3 104 280 Multiple dependent claim, if not paid 109 84 **Reissue independent claims over original patent 110 18 **Reissue claims in excess of 20 & over original patent			119 320	Notice of Appeal	<input type="checkbox"/>
			120 320	Filing a brief in support of an appeal	<input type="checkbox"/>
			121 280	Request for oral hearing	<input type="checkbox"/>
			138 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
			140 110	Petition to revive - unavoidable	<input type="checkbox"/>
			141 1,280	Petition to revive - unintentional	<input type="checkbox"/>
			142 1,280	Utility issue fee (or reissue)	<input type="checkbox"/>
			143 460	Design issue fee	<input type="checkbox"/>
			122 130	Petitions to the Commissioner	<input type="checkbox"/>
			123 50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
			126 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
			146 740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
			149 740	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
			179 740	Request for Continued Examination (RCE)	<input type="checkbox"/>
			169 900	Request for expedited examination of a design application	<input type="checkbox"/>
			091 1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
			Other fee (specify) _____ <input type="checkbox"/>		
			Other fee (specify) _____ <input type="checkbox"/>		
SUBTOTAL (2) (\$11)			* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$920.00)		

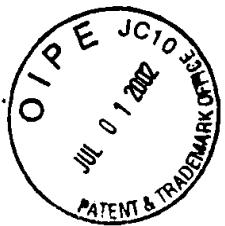
SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Emelyn L. Hiland	Registration No. (Attorney/Agent)	41,501	Telephone (513) 622-3236
Signature	<i>Emelyn L. Hiland</i>		Date	June 24, 2002

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Burden Hour Statement: This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.

(Revised for P&G use 12/7/01)

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Emelyn L. Hiland
Signature of Person Depositing Correspondence

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Case Docket No. 8141

COPY OF PAPERS
OF FINALLY FILED

In the Application of

Inventor(s): MATTHEW JOSEPH DOYLE, ET AL.

Serial No. : 09/607,602

Group Art Unit: 1644

Date Filed: June 30, 2000

Examiner: A. DeCloux

Title: PROMOTING WHOLE BODY HEALTH

Confirmation No. 8543

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RESPONSE UNDER § 1.111

ASSISTANT COMMISSIONER FOR PATENTS

Washington D.C. 20231

Dear Sir:

In response to the Office Action dated December 27, 2001 and having a period for response of three months thereafter, please consider the amendments and remarks herein.

Applicants hereby petition the Commissioner under 37 CFR §1.136(a) to grant a three-month extension of time needed for timely response to the instant Office Action on the above-identified application to preserve pendency of said application. Submitted herewith is authorization to charge payment of the fees associated with this communication to Deposit Account No. 16-2480.

AMENDMENTS

In the Claims

The following amendments to the claims are herein made without prejudice.

Cancel Claim 1. Cancel Claims 5 and 6, which are withdrawn from further consideration by the Examiner.

2. A method for promoting whole body health in human and other animal subjects comprising topically administering to said subjects' oral cavity a topical oral composition comprising a safe and effective amount of a host-response modulating agent and a pharmaceutically acceptable oral carrier, wherein said host-response modulating agent is a H₂-antagonist.

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